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7590

08/13/2004

Richard F. Jaworski
 Cooper & Dunham LLP
 1185 Avenue of the Americas
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Paul Teng, Reg. No. 40,837	(Depositor's name)
<i>Paul Teng</i>	(Signature)
November 10, 2004	(Date)

11/16/2004 HMEKONE1 00000050 033125 09816909

01 FC:1501 1370.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 15.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/816,909	03/23/2001	Yoh-Han Pao	0655/63835	7514

TITLE OF INVENTION: VISUALIZATION AND SELF-ORGANIZATION OF MULTIDIMENSIONAL DATA THROUGH EQUALIZED ORTHOGONAL MAPPING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$430 1370	\$300	\$430 1670	11/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STARKS, WILBERT L	2121	706-016000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

COMPUTER ASSOCIATES THINK, INC.

ISLANDIA, NEW YORK

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies Five

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Paul Teng November 10, 2004

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